

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD	9-13-00	
O.I.P.E. CLASSIFIER		9/19/00	
FORMALITY REVIEW	71435	10/21/00	
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	11/18/00
2	11/18/00
3	10/00
4	10/00
5	10/00
6	11/18/00
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9	11/18/00
10	10/00
11	11/18/00
12	11/18/00
13	10/00
14	10/00
15	10/00
16	11/18/00
17	11/18/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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